

GWA SYSTEM ENROLLMENT FORM – EXTERNAL USER

USER ORGANIZATION/AGENCY INFORMATION: (Please Type or Print Clearly)

Agency Location Code(s)

(Enter ALL if performing Government Reviewer Role for Account Statement)

Enter Fund Family (s) - - -

(Enter ALL if performing Government Reviewer Role for Account Statement)

Organization/Agency Name: _____
(Gov't, Agency, or Contractor Name)

Address Line 1: _____

Address Line 2: _____

City: _____ State _____ Zip Code _____

USER INFORMATION

User's Name: _____

User's Internet Business E-mail address: _____

User's Business Phone No: _____ Room No: _____ Fax No: _____

Supervisor's Name: _____

Supervisor's Business E-mail address: _____

Supervisor's Business Phone No: _____ Room No: _____ Fax No: _____

ACCESS REQUESTED

☐ New Request ☐ Add Application(s) ☐ Add Role(s)

☐ Revoke Access ☐ Remove Application ☐ Remove Role

APPLICATION(S) AND ROLE(S) REQUESTED

☐ **Account Statement**

☐ Agency Reviewer

☐ Government Reviewer

☐ **Apportionments**

☐ Agency Reviewer

☐ Government Reviewer

APPROVING AUTHORITIES

USER'S SUPERVISOR SIGNATURE: _____ DATE: _____

COTR SIGNATURE (if applicable) _____ DATE: _____

APPLICATION SPONSOR: _____ DATE: _____

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.